

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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#7

In re Application of: MAZZEI
Serial Number: 09/545,794
Filed: 04/09/2000

EXAMINER: LINDSEY, RODNEY M.
Group Art Unit: 3765

For: PROTECTIVE CUSHION AND COOPERATIVELY ENGAGEABLE HELMET
CASING FOR ANESTHETIZED PATIENT

United States Patent Department
Publications Department
2231 Crystal Drive, Ste. 910
Arlington, VA 22202

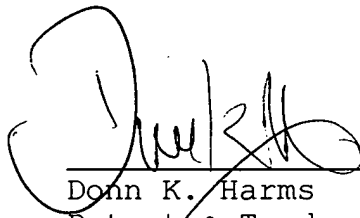
DRAWING REVISIONS TO THE OFFICIAL DRAFTSMAN

Sir:

With regard to the above-referenced application, Applicant
herewith submits to the Official Draftsman, formal drawings on
the above-referenced application.

Date: 09/11/2002

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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>		Application Number	09/545,794
		Filing Date	04/09/2000
		First Named Inventor	WILLIAM MAZZEI
		Group Art Unit	3765
		Examiner Name	LINDSEY, RODNEY M.
Total Number of Pages in This Submission	1	Attorney Docket Number	2043-CIP

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (Please identify below):
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	DONN K. HARMS
Signature	
Date	09/11/2002

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient Postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date 9/11/02			
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